

PATIENT CARE EVALUATION SPECIALIST SERIES

Code No.	Class Title	Occ. Area	Work Area	Prob. Period	Effective Date
4589(3292)	Patient Care Evaluation Specialist I	03	441	6 mo.	01/31/80
4590(3292)	Patient Care Evaluation Specialist II	03	441	6 mo.	01/31/80

Promotional Line: 210

Series Narrative

Employees in this series perform medical audits mandated by the Professional Standards Review Organization (PSRO), an agency of HEW, and Joint Commission for Accreditation of Hospitals (JCAH), to insure that the criteria for patient care as determined by the clinical staff have been met. These evaluations are made retrospectively to provide criteria which may be used for utilization review. The results of medical care evaluations may be utilized by the hospital's administrative and medical staffs to establish policies and protocol related to every aspect of patient care, as well as to financial and ancillary services. As distinguished from this series, the Health Care Utilization Review Coordinator monitors the criteria which have been derived from the medical audit function. These reviews are performed during the course of the patient's hospitalization.

DESCRIPTION OF LEVELS OF WORK

Level I: Patient Care Evaluation Specialist I

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An employee at this level under the general supervision of the Patient Care Evaluation Specialist II conducts retrospective medical audits through collection and compilation of background data from a variety of sources, and displays the results of the findings through the development of statistical reports. In addition, the Specialist performs follow-up reviews to insure that the clinical staff has conformed to recommendations which were based upon the results of earlier audits.

A Patient Care Evaluation Specialist I typically--

- I. validates audit criteria
 - a. identifies data sources, such as medical records, pharmacy reports, financial reports, requisitions, etc., to determine whether or not sufficient information is available to conduct the audit
 - b. reviews existing criteria for clarity and measurability
 - c. collaborates with appropriate health care professionals to confirm acceptable health care practices, and processes or outcomes which document them
 - d. insures that there is a mutual understanding with the clinical staff of the criteria which are to be measured

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2. collects data
 - a. designs forms appropriate for the recording of data
 - b. retrieves pertinent data from information sources which include medical records, log books, departmental reports of activities, financial statements, etc.
 - c. screens data to determine whether or not each element of the criteria has been met
 - d. recommends program developmental needs to data processing personnel to accommodate statistical treatment of data
3. analyzes and displays data
 - a. prepares preliminary data displays for review and analysis by the Utilization Review-Medical Audit Committee. These displays serve as a prelude to the review of individual cases by the Committee that show non-conformance to the criteria. Such displays assist the Committee in determining whether or not deviations from the criteria are justified, and to identify criteria which need to be modified, augmented, or deleted, e.g., care occasionally varies from the criteria but complies with standards for high quality
 - b. prepares final tabulation, statistical display, and summarization of data relevant to the audit subject after the UR- MA Committee has reviewed and analyzed the abstract of cases which do not conform to criteria and have noted their findings
4. maintains indices
 - a. keeps records related to selected components of the overall medical care evaluation system, such as institutional generated length-of-stay percentiles for various diseases/conditions, complication rate, compliance with critical management of complications, etc.
5. provides follow-up to and surveillance of results of medical audits
 - a. following the audit analysis and decisions reached by the UR-MA Committee, prepares the final audit report containing the specific follow-up recommendation, such as the monitoring of certain elements of patient care, specific educational programs, etc.
 - b. upon recommendation of the UR-MA Committee, provides continuing surveillance of designated aspects of the audit and routinely reports findings to the committee
6. develops profiles related to all aspects of the medical audit process, such as frequency distributions
7. performs related duties as required

Level II: Patient Care Evaluation Specialist II

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Under general supervision of the chief of staff designate for the quality assurance program, an employee at this level is responsible for the direction of the medical audit function, through supervising lower level specialists and performing the more complicated and/or sensitive audit reviews

A Patient Care Evaluation Specialist II typically--

1. assists the clinical staff in selecting areas which warrant auditing, e.g., medical or other ancillary services
 - a. suggests potential problem sources to clinical staff, based upon known practices and knowledge of departmental procedures
 - b. assists clinical staff by identifying specific topics of audit concentration
 - c. recommends data sources and chooses sample to be audited
 - d. collaborates with clinical staff on establishing audit criteria, insuring that all items can be objectively measured and validated by the audit team
 - e. performs pilot test of audit criteria utilizing small preliminary sample
2. establishes priorities and assigns audit and other related projects to lower level Specialists and monitors progress throughout the procedures
 - a. provides appropriate instruction and guidance to the Level I Specialist based upon knowledge of the clinical information required and audit theory to include the structure and form in which the theory must be expressed to be effectively measured
 - b. approves major changes in audit directions occurring as a result of availability of data or other related problems
 - c. reviews all completed data displays for accuracy and form prior to presentation
3. supervises subordinates in an assigned area of quality assurance program
 - a. interviews applicants and recommends hiring
 - b. assigns work to subordinates
 - c. orients and trains subordinates
 - d. evaluates work of subordinates and recommends discipline and termination
 - e. assists subordinates with difficult evaluations
4. performs difficult audit reviews including those requiring extensive research or lack of criteria. Such audits might include studies or areas which might be defined as other than routine, i.e., computerized axial tomography or cardiopulmonary resuscitation subjects
5. develops policies and internal procedures for the medical audit section of the quality assurance program
6. independently prepares and provides summaries of completed audits to Professional Standards Review Organization (PSRO) and other regulatory agencies
7. provides liaison between medical audit section and PSRO

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- a. keeps abreast of all directives and current information issued by PSRO/JCAH and other regulatory agencies
 - b. insures that all specified conditions are implemented
 - c. responds to inquiries concerning status and evaluation of medical audits
8. reviews measurability and validity of criteria utilized for audits affecting ancillary services, such as Dietary, Physical Therapy, and Occupational Therapy. (These units independently conduct audits following critical review by PCES II.)
9. establishes report with clinical staff to insure that a harmonious relationship between the audit section and the department exists during the review process and that expectations are clearly understood
10. conducts inservice seminars and workshops on audit requirements and methodology for house, medical and other hospital staff
11. performs related duties as assigned.

MINIMUM ACCEPTABLE QUALIFICATIONS FOR ENTRY INTO ALL LEVELS OF SERIES

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. (A) registration as an accredited Medical Records Technician (ART) by the American Medical Records Association

or

three years of medical records experience that included record analysis, data abstraction, and application of regulations controlling release of information

or

(B) four years experience performing all aspects of patient care evaluation studies

or

(C) Baccalaureate degree in Health Information or Medical Record Science from a program accredited by the American Medical Record Association

or

(D) Baccalaureate degree which includes at least 10 semester hours of natural science courses and a Health Information or Medical Record Science Certificate

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. knowledge of investigative techniques

2. knowledge of medical terminology and medical science to include: disease processes (symptoms, diagnoses and treatments) along with-various laboratory and operative procedures
3. knowledge of data collection methods, statistical techniques and report preparation
4. knowledge of the legal aspects of governmental and regulatory agency requirements as they affect the health care facility
5. knowledge of the regulations affecting the confidentiality of patient records
6. knowledge of the medical record system, with the ability to read, interpret and compare relevant information from the patient's medical record with specific criteria, to document results, and to collate and present accumulated data in meaningful manner
7. verbal and written communication skills
8. analytical ability
9. mathematical ability adequate for preparing statistical reports, such as variation indices, percentiles, measures of central tendency and frequency distributions

ADDITIONAL MINIMUM ACCEPTABLE QUALIFICATIONS REQUIRED FOR ENTRY INTO

Level I: Patient Care Evaluation Specialist I

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CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

none

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

none

Level II: Patient Care Evaluation Specialist II

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CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. two year experience comparable to that of a Patient Care Evaluation Specialist I

PERSONAL ATTRIBUTES NEEDED TO UNDERTAKE JOB

1. knowledge of computer applications as they relate to the audit function
2. knowledge of medical audit practices
3. ability to train and/or supervise staff

4. ability to evaluate the impact of changes in program policies and procedures upon daily work duties and ultimate program objectives
5. ability to organize work and to work independently
6. ability to develop educational materials related to medical audits and to conduct formal presentations